

STATE OF WISCONSIN

CIRCUIT COURT

MONROE COUNTY

STATE OF WISCONSIN

Plaintiff

VS.

NAME

Defendant



MONROE COUNTY
JUSTICE PROGRAMS

112 S. Court Street Room 1008

Attn: Tara Nichols

Sparta, WI 54656

(608) 269-8821

FAX: (608) 269-8894

Tara.Nichols@co.monroe.wi.us

CASE NUMBER: _____

DIVERSION MONTHLY REPORT

Certification:

***I certify that I am in compliance with the above previously filed Diversion Agreement entered between the State of Wisconsin and myself for the month stated below:*

| | |
|--------------|--|
| Month/Year | |
| Signature | |
| Print Name | |
| Today's Date | |
| Phone | |
| Email | |

***Please remember that you are reporting for the previous month. There is a 5 day grace period to submit your report. Example: If you are submitting for January 2021, the report is due by February 5, 2021.*

Diversion Monthly Fee (Cash, Money Order or Cashier Check ONLY. No personal Checks)

| | | |
|-----------------------------------|-------------|----------|
| \$20 per month Payable to MCJD | Amount Paid | Comment: |
|-----------------------------------|-------------|----------|

Client Statement:

Please indicate what actions you are taking to complete your Diversion Agreement requirements. If you are not compliant, write why and what your plan of action is to get into compliance. Indicate when your next 3 month review is scheduled.

(TURN PAGE OVER)

Example: I am current with my monthly reports and fees. I am working on finishing follow through treatment that was required by my completed assessment. I have an upcoming appointment with my treatment provider on ____ (date) and will provide written verification of this meeting. I have completed 10 hours of Community Service with Goodwill and should finish the last 20 hours by ____ (date).

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My next 3 month review by phone is scheduled for:

| |
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| |

****Please return this form to the Monroe County Justice Programs (MCJP). Forms may be faxed, mailed to the address on the front of this form or placed in the drop box located by the Justice Center entrance.**

Current Client Information (indicate any changes in mailing address)

| | |
|------------------|--|
| Name | |
| Address | |
| City, State, Zip | |